

FORM F
TESTING ACCOMMODATIONS - LAW SCHOOL VERIFICATION

(Please print or type; must be legible)
(To be completed by law school official)

IN RE PETITION OF : _____
(Petitioner's Name)

I, _____, state that my position
is _____
(Name of Law School Official Completing Form)

_____ at _____
(Dean/Registrar/Disabilities Program Coordinator) *(Name of Law School)*

As such, it is my responsibility to authorize any testing accommodations requested by students with disabilities for the specific purpose of allowing such students to take examinations on an equal basis with other students.

The above named petitioner, who _____ in attendance at this law school _____
(is/was) *(was /was not)*

given authorization to receive testing accommodations during the administration of examinations at this school.

Petitioner was permitted the following accommodation(s): _____

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Executed on _____ by _____
(Date) *(Signature)*

Address: _____

Telephone Number: _____
